

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100497694

10-22-2012

Candidate or Committee Name (Do not abbreviate. Use full name.)

AARON SIMPSON MR (Aaron Simpson for State Representative)

Mailing Address

PO Box 692

City	Zip + 4	Office Sought (candidates)
Langley, WA	98260	STATE REPRESENTATIVE

Election Date  
2012

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		61.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
10/17/12	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	25.00	

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
10/17/12	10TH LEGISLATIVE DISTRICT PO BOX 1473 Stanwood, WA 98292			X	500.00	500.00
	Occupation					
10/17/12	CHARMAIN LANDER 1010 Waterloo Road Oak Harbor, WA 98277			X	35.00	35.00
	Occupation					
10/17/12	STEVE BENNETT 2191 Goss Ridge Road Freeland, WA 98249			X	15.00	30.00
	Occupation					
10/17/12	SUSAN BENNETT 2191 Goss Ridge Road Freeland, WA 98249			X	15.00	30.00
	Occupation					
10/17/12	PAUL SCHELL 5655 Winterwood Rd Langley, WA 98260			X	50.00	50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			640.00	*See reverse for details.
		Amount from attached pages			50.00	

## 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

690.00

4. Date of Deposit

10/19/12

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Aaron Simpson

10-22-2012

Treasurer's Daytime Telephone No.: (206) 914-0057

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) AARON SIMPSON MR (Aaron Simpson for State Representative)	Deposit Date 10/19/12
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## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
10/17/12	PAM SCHELL 5655 Winterwood Rd Langley, WA 98260	Occupation		X	50.00	50.00
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Page Total 50.00